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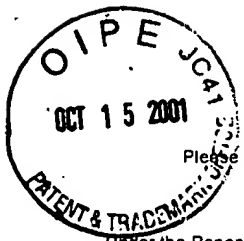
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PTO/SB/01 (10-00)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Dock t Numb r	932-CAL
	First Named Inventor	Repper
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	6/18/01
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Examiner Name	J

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ELECTRONIC GAS COOKTOP CONTROL with SIMMER SYSTEM and Method Thereof**

(Title of the Invention)

the specification of which

☒ is attached hereto☒ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

10/16/2000

Application Number

PCT/US00/28624 and was amended on (MM/DD/YYYY)

03/22/2001 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
PCT/US00/28624		10/16/2000	<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/159,885	10/18/1999	

[Page 1 of 2]

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page ____ of ____
--------------------	--------------------------------------------------------------------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Christa B.		Shute	
Inventor's Signature <i>Christa B. Shute</i>		Date 10/11/01	
Residence: City Stowe	State VT	Country USA	Citizenship US
Mailing Address 56 Luce Hill Rd			
Mailing Address			
City Stowe	State VT	ZIP 05672	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Suzanne J.		Shute	
Inventor's Signature <i>Suzanne J. Shute</i>		Date 10/11/01	
Residence: City Stowe	State VT	Country USA	Citizenship USA
Mailing Address 1126 Moulton Lane			
Mailing Address			
City Stowe	State VT	ZIP 05672	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Allen L.		Olson	
Inventor's Signature <i>Allen L. Olson</i>		Date 10/11/01	
Residence: City Craftsbury	State VT	Country USA	Citizenship US
Mailing Address P.O. box 108 Wolcott VT 05680			
Mailing Address			
City Wolcott	State VT	ZIP 05680	Country USA



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## DECLARATION — Utility or Design Patent Application

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OR Correspondence address below

Name

JAMES M. LERER

Address

37 Butler Drive

Address

City

S. Burlington

State

VT

ZIP

05403

Country

USA

Telephone

802 864-1575

FAX

802 864 9319

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

PIERRE P.

Family Name  
or Surname

REPPER

(First and middle if any)

Inventor's  
Signature

Date

10-10-01

Residence: City

CHATEAUGUAY

State

QC

CANADA

CANADIAN  
Citizenship

Mailing Address

90 VINCENT ST.

Mailing Address

City

CHATEAUGUAY

State

QUEBEC

ZIP

J6J-2E6

Country

CANADA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Alan

Family Name  
or Surname

Shute

(First and middle if any)

Inventor's  
Signature

Date

10-10-01

Residence: City

Stowe

State

VT

Country

USA

Citizenship

U.S.

Mailing Address

120 Main Street

Mailing Address

City

Stowe

State

VT

ZIP

05672

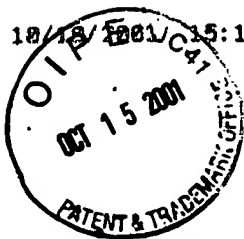
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# **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION**

Application Number	09/084 828
Filing Date	6/18/2001
First Named Inventor	Rappert
Group An Unit	
Examiner Name	
Attorney Docket Number	982-CAL

I hereby appoint:

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Name	Registration Number
JAMES M. LEAS	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
City	S. Burlington	State	VT ZIP 05403
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

I am the:

☐ Applicant
☐ Assigned of record of the entire interest  
Certificate under 37 CFR 9.79(b) is enclosed

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Name

Signature

Date

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APPLICATION**

Application Number	09/884 828
Filing Date	6/18/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

I hereby appoint:

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Name	Registration Number
James M. Leas	34372

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Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

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☐ Applicant.

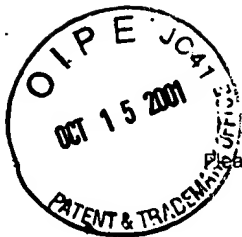
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Certificate under 37 CFR 3.73(b) is enclosed

**SIGNATURE of Applicant or Assignee of Record**

Name	Alan B. Shute
Signature	
Date	10/10/01

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NOT ACCOMPANYING  
APPLICATION**

Application Number	09/884 828
Filing Date	6/18/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest  
Certificate under 37 CFR 3.73(b) is enclosed

**SIGNATURE of Applicant or Assignee of Record**

Name	Christa B. Shute
Signature	<i>[Signature]</i>
Date	10/00/01

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Filing Date	6/18/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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☐ Assignee of record of the entire interest  
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Name	Suzanne J. Shute.
Signature	
Date	10/10/01

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Examiner Name	
Attorney Docket Number	932-CAL

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Telephone	802 864-1575	Fax	802 864-9319		

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Name	Allen L. Olson
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